



FELIX P. CAMACHO
Governor of Guam

KALEO S. MOYLAN
Lieutenant Governor

GUAM POLICE DEPARTMENT

Government of Guam
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Fax: (671) 472-9719



FRANKIE T. ISHIZAKI
Chief of Police

Date: _____

To Whom It May Concern;

I, _____, hereby authorize the Guam Police Department to release
Full Name (Maiden Name or other names used)
any or all Criminal Records that they have on file in my name. Furthermore, I release the Guam Police
Department and its employees thereof from any liability arising from the release of this information.

Signature

Date of Birth: _____

Social Security No.: _____

Contact Number: _____

* _____
Notary Public

*** In the event of a Third Party picking up the clearance.**

Instructions:

1. Minors need to be accompanied by a parent named on their respective birth certificate with the birth certificate (present for inspection) or a Legal Guardian with certified guardianship documents.
2. Fee: \$5.00 check or money order made payable to the "Treasurer of Guam". **NO CASH accepted on Drop Box.**

*Approved by Records and ID Section.

Drug Free Guam Para Todos